2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P05000066296

Entity Name: ESSENTIALS COMPLEMENTARY WELLNESS CENTER, INC.

Current Principal Place of Business:

2104 N. FEDERAL HWY
SUITE A
HOOLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2104 N. FEDERAL HWY
SUITE A
HOOLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 11-3750857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LURIA, MAYRA S REV.
2048 SW 28 TERRACE
FT. LAUDERDAE, FL 33312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TAN, LILY REV
Address: 581 SW 63RD TERRACE
City-St-Zip: PLANTATION, FL 33317 US

Title: D ( ) Delete
Name: DUMAIS, JAQUES REV
Address: 1424 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D (X) Delete
Name: FURLONG, CLAUDE REV
Address: 2750 OCEAN DRIVE #206
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D ( ) Delete
Name: ROBERTSON, ROSE REV
Address: 2048 SW 28 TERRACE
City-St-Zip: FT. LUDERDALE, FL 33312 US

Title: D ( ) Delete
Name: LURIA, MAYRA S REV
Address: 2048 SW 28 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA S LURIA D 04/21/2006

Electronic Signature of Signing Officer or Director Date